## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

SMALL ENTITY

66153/45004

**OTHER THAN** 

|   |  |   | (Column 1) (C                        |   | (Colu      | olumn 2)                         |            | TYPE       |                        | OR   | SMALL               | ENTITY                 |  |
|---|--|---|--------------------------------------|---|------------|----------------------------------|------------|------------|------------------------|------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 20                                   |   |            |                                  | ·          | RATE       | FEE                    | ]    | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED                         |   | NUMB       | NUMBER EXTRA                     |            | BASIC FE   | 385.00                 | OR   | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20 minus 20= *                       |   | *          |                                  |            | X\$ 9=     |                        | OR   | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 = *                        |   | *          |                                  |            | X43=       |                        | OR   | X86=                |                        |  |
| MU  | ILTIPLE DÉPEN                                  | NDENT CLAIM P                             | RESENT<br>                           |   |            |                                  |            | +145=      |                        | OR   | +290=               |                        |  |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in o       |   |            | olumn 2                          |            | TOTAL      | 385                    | OR   | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                      |   |            |                                  |            | OTHER THAN |                        |      |                     |                        |  |
|   |  | (Column 1)                                |                                      | (Column 2) (Column 3)                       |            |                                  | _          | SMALL      | ENTITY                 | OR   | SMALL               |                        |  |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |            | PRESENT<br>EXTRA                 |            | RATE       | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT A</b>  | Total  | *   | Minus                                | **  |            | = .                              |            | X\$ 9=     |                        | OR   | X\$18=              |                        |  |
|   | Independent                                    | *<br>ENTATION OF MI                       | Minus .                              | ENDENT OLAIM                                |            | =                                |            | X43=       |                        | OR   | X86=                |                        |  |
|   | FIRST PRESE                                    | INTATION OF INI                           | JUITPLE DEF                          | ENDENT                                      | CLAIIVI    |                                  | 1          | +145=      |                        | OR   | +290=               |                        |  |
|   |  |   |                                      |   |            |                                  |            | TOTAL      |                        | OR   | TOTAL               |                        |  |
|   |  |   |                                      | ADDIT. FEE                                  |            |                                  | ADDIT. FEE |            |                        |      |                     |                        |  |
|   | -  | (Column 1)                                | <del>-</del>                         | (Colum                                      |            | (Column 3)                       | 1 r        |            |                        |      |                     |                        |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | NUMB<br>PREVIO<br>PAID F                    | ER<br>USLY | PRESENT<br>EXTRA                 |            | RATE       | ADDI-<br>TIONAL<br>FEE | 1    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                | **  |            | =                                | ]          | X\$ 9=     |                        | OR   | X\$18=              |                        |  |
| AME   | Ind pendent                                    | *   | Minus                                | ***   | 01.4114    | =                                | [          | X43=       |                        | OR   | X86=                |                        |  |
|   | FIRST PRESE                                    | NTATION OF MU                             | JUIPLE DEP                           | ENDENT                                      | CLAIM      |                                  | J          | +145=      | -                      | OR   | +290=               |                        |  |
| TO  |  |   |                                      |   |            |                                  |            |            | •                      | i    | TOTAL               |                        |  |
|   |  |   |                                      |   |            |                                  |            |            |                        | OR , | ADDIT. FEE          |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                      |   |            |                                  |            |            |                        |      |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                    | HIGHE<br>NUMB<br>PREVIOI<br>PAID F          | ER<br>USLY | PRESENT<br>EXTRA                 |            | RATE .     | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                | **  |            | = .                              |            | X\$ 9=     |                        | OR   | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus                                | ***   | · ·        | =                                |            | X43=       |                        | 0.0  | X86=                |                        |  |
| ۷   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |   |            |                                  |            | 7.10-      |                        | OR   | 7,00-               |                        |  |
| # If the entry in column 1 is less than the entry in column 2 write "0" in column 2   |  |   |                                      |   |            |                                  |            |            |                        | OR   | +290=               | ·                      |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                      |   |            |                                  |            |            |                        | OR   | TOTAL<br>ADDIT, FEE |                        |  |
| ***   | it the "Highest Nu<br>The "Highest Nurr        | mber Previously Pa<br>ber Previously Pai  | aid For" IN THIS<br>d For" (Total or | S SPACE is<br>Independer                    | less than  | n 3, enter "3."<br>highest numbe |            |            | propriate box          |      |                     |                        |  |